

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink

Date Stamp	CALIFORNIA FORM 460 COVERT PAGE	
FILED		
JAN 24 2007		
Page <u>1</u> of <u>8</u> For Official Use Only		
TY OF SANTA MARIA <i>(Signature)</i>		
<p><input checked="" type="checkbox"/> Quarterly Statement</p> <p><input type="checkbox"/> Special Odd-Year Report</p> <p><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</p>		
t nt t Termination) below)		

Statement covers period	<u>from</u> <u>10/22/2006</u>
through	<u>12/31/2006</u>
Primarily Formed Ballot Measure Committee	Primarily Formed, 1, 2, 3, and 4.
<input type="radio"/> Controlled	
<input type="radio"/> Sponsored	
<i>(Also Complete Part 6)</i>	
Primarily Formed Candidate/ Officeholder Committee	Primarily Formed Part 7

Committee Information		I.D. NUMBER 1227669
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Alice Patino for City Council		
STREET ADDRESS (NO P.O. BOX)		
2450 Professional Drkwy, Suite 220		CITY
		STATE
Santa Maria, CA 93455		ZIP CODE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		
805-346-8407		
CITY	STATE	ZIP CODE
OPTIONAL: FAX / E-MAIL ADDRESS		
AREA CODE/PHONE		

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-23-07

Executed on _____ Date _____ By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor


Executed on _____ Date _____ By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____
Date _____

Type or print in ink.

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2
CALIFORNIA FORM 460

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member
City of Santa Maria

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2450 Professional Pkwy, Suite 220 Santa Maria, CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

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OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SUMMARY PAGE
CALIFORNIA FORM
460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	\$ 870.00	\$ 25,652.00
2. Loans Received	Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 870.00	\$ 25,652.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 870.00	\$ 25,652.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 7,507.23	\$ 23,774.29
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 7,507.23	\$ 23,774.29
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 7,507.23	\$ 23,774.29

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 9,720.93	
13. Cash Receipts	Column A, Line 3 above	\$ 870.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00	
15. Cash Payments	Column A, Line 8 above	\$ 7,507.23	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,083.70	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

See instructions on reverse \$ 0.00

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above \$ 0.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30

7/1 to Date

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)
Total to Date

\$ _____

To calculate Column B, add
amounts in Column A to the
corresponding amounts
from Column B of your last
report. Some amounts in
Column A may be negative
figures that should be
subtracted from previous
period amounts. If this is
the first report being filed
for this calendar year, only
carry over the amounts
from Lines 2, 7, and 9 (if
any).

*Amounts in this section may be different from amounts
reported in Column B.

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

Statement covers period CALIFORNIA **460**
from 10/22/2006 **FORM**
through 12/31/2006 **Page** 4 **of** 8

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 850.00
 2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 20.00
 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 870.00**

***Contributor Codes**

OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee	COM – Recipient Committee (other than PTY or SCC)
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**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alice Patino for City Council

Statement covers period <u>from 10/22/2006</u>	CALIFORNIA FORM 460
through <u>12/31/2006</u>	Page <u>5</u> of <u>8</u>
	I.D. NUMBER <u>1227669</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTC	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
C/C	civic donations	PET	petition circulating
FL	candidate filing/ballot fees	PHO	phone banks
FNU	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Knight Broadcasting 1693 Mission Drive Solvang CA 93463	RAD				598.00
VIC Enterprises 2445 'A' Street Santa Maria CA 934556	LIT				5,343.35
Santa Maria Times 3200 Skyway Drive Santa Maria CA 93456	PRT				800.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 6,741.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals) \$ 7,486.17
2. Unitemized payments made this period of under \$100 \$ 21.06
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 7,507.23**

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alice Patino for City Council

Statement covers period	CALIFORNIA FORM 460
from _____ through _____	Page _____ of _____
10/22/2006 12/31/2006	I.D. NUMBER 1227669

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LFG legal defense
LT campaign literature and mailings

MTG member communications
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CODE OR
DESCRIPTION OF PAYMENT
AMOUNT PAID

Linda Williams 1675 Kronen Way Solvang CA 93643	MTG	Marian Medical Dinner Reimbursement	62.70 262.97
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria CA 93455	PRO		418.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

744.42

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

VTC Enterprises

Statement covers period		CALIFORNIA FORM	SCHEDULE G
from	through	Page	of
10/22/2006	12/31/2006	7	8
		I.D. NUMBER	1227659

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads
		RAD	radio airtime and production costs
		RFD	returned contributions
		SAL	campaign workers' salaries
		TEL	television or cable airtime and production costs
		TRC	candidate travel, lodging, and meals
		TRS	staff/spouse travel, lodging, and meals
		TSF	transfer between committees of the same candidate/sponsor
		VOT	voter registration
		WEB	information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (If committee, also enter ID number)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS	201 E Battles RD Santa Maira CA 93455	POS	Postage		1,798.80

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,798.80

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

פְּנֵי יְהוָה

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Linda Williams

Linda Williams

110

CMP campaign paraphernalia/misc. **MRB** member communications **RAD** radio airtime and production costs

CTB	contribution, consultation
CIV	campaign, consultation
FND	fundraising events
IND	independent expenditure supporting/opposing
LEG	legal defense
LT	campaign literature and mailings
CVC	civic donations
FL	candidate filing/ballot fees

* Payments that are contributions or i

**NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**

RFD	radio airtime and production costs
SAL	returned contributions
TEL	campaign workers' salaries
TRC	t.v. or cable airtime and production costs
TRS	candidate travel, lodging, and meals
VOT	staff/spouse travel, lodging, and meals
WEB	transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)

Staples
2170 S Bradley Road
Santa Maria CA 93454

Attach additional information on appropriately labeled continuation sheets.

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Statement covers period	CALIFORNIA FORM	
from <u>10/22/2006</u>	through <u>12/31/2006</u>	Page <u>8</u> of <u>8</u>
		I.D. NUMBER <u>1227669</u>

Attach additional information on appropriately labeled continuation sheets.

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